Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

May 20, 2009

Nancy Pena, Ph.D., Director Santa Clara County Valley Health & Hospital System Mental Health Department 828 South Bascom Avenue, Suite 200 San Jose, CA 95128

Dear Dr. Pena:

AUDIT REPORT - SANTA CLARA COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Clara County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

		Settled	<u>A</u>	llowed	Adj	ustment
Federal Share of Short-Doyle/Medi-Cal	\$ 38	3,998,044	\$ 3	9,376,108	\$	378,064
Federal Share of Healthy Families	\$	24,088	\$	17,936	\$	(6,152)

Nancy Pena, Ph.D., Director May 20, 2009 Page 2

State General Funds
EPSDT Due County

\$ 7,927,799

\$ 8,515,620

\$ 587,821

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

TONY GAAN, Supervisor

Audits - Bay & Central Region

Enclosures

CERTIFIED MAIL

SANTA CLARA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

NET REIMBURSABLE MEDI-CAL		_	As Settled	Audit Adjustments	- -	As Audited
PROGRAM COSTS						
COUNTY PROVIDERS						
MEDI-CAL - FFP	(Sch. 2a)	\$	17,078,441	\$ (1,164,557)	۱ %	15,913,884
HEALTHY FAMILIES - FFP	(Sch. 2a)	•	2,822	(2,822)		0
TOTAL FFP - COUNTY PROVIDERS	(4-111-117)	\$ _		\$ (1,167,379		15,913,884
CONTRACT PROVIDERS						
MEDI-CAL - FFP	(Sch. 3b)	\$	21,919,603	\$ 1,542,621	\$	23,462,224
HEALTHY FAMILIES - FFP	(Sch. 3b)		21,266	(3,330)	17,936
TOTAL FFP - COTRACT PROVIDERS		\$_	21,940,869	\$ 1,539,291	\$	23,480,160
TOTAL FFP - COUNTY PLUS CONTRACT F	PROVIDERS					
MEDI-CAL - FFP		\$	38,998,044	\$ 378,064	\$	39,376,108
HEALTHY FAMILIES - FFP		_	24,088_	(6,152	_	17,936_
TOTAL FFP - COUNTY PLUS CONTRACT I	PROVIDERS	\$ =	39,022,132	\$371,912	- \$.	39,394,044
SUMMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch 4)		7,927,799	587,821	\$	8,515,620
LI 0D1 - 001	(2017)	_	1,721,177	367,621	= ":	0,515,020

Note:

The As Settled amount includes a refund of \$492 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 121)

SANTA CLARA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

	ONT OF ENATED I SPENAL	1				Audit	
				As Settled	_	Adjustments	As Audited
Tot	al Medi-Cal Gross Reimbursement						
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	8,814,837	\$	(2,881,246) \$	5,933,591
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		14,706,925		(796,336)	13,910,589
3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		0		0	0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		65,140		7,428	72,568
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0	0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		409		772	1,181
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0	0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		2,667		(2,667)	0 _
9.	Total		\$ =	23,589,978	\$	(3,672,048) \$	19,917,930
Les	s: Patient & Other Payor Revenues						
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	2,729,862	\$	(1,944,060) \$	785,802
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		712,207		(534,155)	178,052
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0	0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		0		0	0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0	0
15.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0	0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0	0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0	0
18.	Total		\$ _	3,442,069	\$	(2,478,215) \$	963,854
Me	di-Cal Net Reimbursement for Direct Services						
19	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	6,084,975	\$	(937,186) \$	5,147,789
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		14,059,858		(254,753)	13,805,105
21	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0	0
22	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		409		772	1,181
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0	0
24	Healthy Families-O/P	(Ln 8 - Ln 17)		2,667		(2,667)	0
25	Total	,	\$ =	20,147,909	- \$	(1,193,833) \$	18,954,076
Me	di-Cal MAA Reimbursement						
26	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	9,782	\$	0 \$	9,782
27	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		343,299		0	343,299
28	Service Functions 21-19	(MH1979, Ln 13, Col. A)		32,336		0	32,336
29	Total		s ⁻	385,417	- \$		385,417

SANTA CLARA COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL					Auðit	
		_	As Settled	_	Adjustments	As Audited
Amount Negotiated Rates Exceed Cost				_		
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		3		(3)	0
36. Total		\$	3	\$ _	(3) \$	0
Medi-Cal Administrative Reimbursement						
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	10,013,972	g.	(87,742) \$	9,926,230
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	14,418,266	_	(1,352,191) \$	13,066,075
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u> </u>	10,013,972	`\$-	(87,742) \$	9,926,230
39. Medi-Cai Reinbursement	(Lower of Eli 37, Eli 38)	•	10,013,972	* =	(87,742)	9,920,230
Healthy Families Administrative Reimburgement						
40. Healthy Families Administrative Reimbursement Lim	it (MH1979, Ln 8)	\$	3,538	\$_	(779) \$	2,760
41. Healthy Families Administration	(MH1979, Ln 9)	\$	1,676	\$_	(1,676) \$	0_
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$	1,676	. \$_	(1,676) \$	0
Utilization Review Reimbursement						
43. Skilled Professional	(MH1979, Ln 14, Col. D)	9	1,365,085	\$	(649,616) \$	715,469
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	=	184,475	•	8,521 \$	192,996
44. Other Medi-Car O.K.	(MH1979, Lli 13, Col. D)	" =	104,473	: ³=	0,321 \$	192,990
Net SD/MC Reimbursement - FFP						
45. Direct Services	(MH1979, Ln 16,16A)	\$	10,711,862	\$	(643,335) \$	10,068,527
46. Enhanced (Children)	(MH1979, Ln 17,17A)		42,340		4,829	47,169
47. Enhanced (Refugees)	(MH1979, Ln 18)		409		772	1,181
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	200,792		0	200,792
49. Administrative Reimbursement	(MH1979, Ln 6)		5,006,986		(43,871)	4,963,115
50. U.R. Skilled Professional	(MH1979, Ln 14)		1,023,814		(487,212)	536,602
51. U.R. Other	(MH1979, Ln 15)		92,238		4,260	96,498
52. Negotiated Rate-Payback	(MH1979, Ln 20)		0		0	0
53. Subtotal- FFP		\$ =	17,078,441	\$ =	(1,164,556) \$	15,913,884
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0 \$	0
55. Quality Assurance Review Results	(Adj #)	_	0		0_	0
56 Total SD/MC B in Language FFB		•	17.070.441		(1.164.556)	15.012.004
56. Total SD/MC Reimbursement - FFP		\$ <u>_</u>	17,078,441	= \$ =	(1,164,556) \$	15,913,884
Net Healthy Families Reimbursement - FFP						
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	1,733	\$	(1,733) \$	0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	_	1,089		(1,089)	0
60. Total Healthy Families Reimbursement - FFP		\$_	2,822	\$ =	(2,822) \$	
61. Total - FFP (Ln 56 + Ln 60)		\$_	17,081,263	\$	(1,167,378) \$	15,913,884
		-		= =		(To Sch. 1)
						(10 301. 1)

SANTA CLARA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

			(1)	{2}	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
			Medi-Cal	Enhanced -	Enhanced -	Total	Healthy	Medi-Cal	Enhanced -	Enhanced -	Total	Healthy
Legal			and Crossover	Children	Refugees	Gross Cost	Families	and Crossover	Children	Refugees	Gross Cost	Families
Entity			Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost	Gross Cost	Gross Cost	Gross Cost	(Excl. HFP)	Gross Cost
<u>Number</u>	<u>Legal Entity</u>				A T 1					PATI		
			(MH 1968.	(MH 1968,	(MH 1968,	(Col. 1 to 3)	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col. 6 to 8)	(MH 1968,
			Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)	Ln 5, 5A, 10,10A)	Ln 16, 16A)	Ln 22)		Ln 27, 27A)
00144	Achieve	\$	0 \$	0	\$ 0 \$	0 \$	0 5	436,600	\$ 5,001	\$ 0	\$ 441.601 \$	0
00150	Family & Children Services	\$	0 \$	0			0 9	812,789				0
00151	AACI	\$	0 \$	0			0 \$				1,507,502 \$	13,736
	Catholic Charities	\$	0 \$	0			0 5					0
	Chamberlain's	\$	0 \$	0			0 \$					0
	Eastfield Ming Quong, Inc.	\$	0 \$	0			0 \$					7,754
00157	Hope Rehabilitation Services	\$	0 \$	0			0 \$					0
	Indian Health Center	5	0 \$	0			0 9					0
00159	Inn Visions	3	0 \$	0			0 9					0
	Mekong Community Center	Ð	0 \$	0		•	0 \$					0
	Ujima Community Solutions	3	0 \$	0			0 \$					0
	Children's Health Council	J	0 \$	0			0 1					0 425
	Gardner Family Care Corp.	4	. 0 \$	0			0 \$,				425 340
	Odd-Fellow Rebeka	\$	0 \$	0			0 \$					5,340
	Alliance for Community Care	\$	0 \$	ő			0 \$					5,540
	Grace Baptist	\$	0 \$	ő			Ŏ \$					n
	Starlight Adolescent	\$	0 \$		\$ 0 \$		o s					Ô
	Eastern European Serv. Agy	\$	0 \$	ō			0 \$.,,				Õ
01031	Oasis Care, Inc	\$	0 \$	0	\$ 0 \$	0 \$	0 \$					0
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	GRAND TOTAL	\$	0 \$		0 \$			43,884,755	\$ 364,887 \$	1,705 \$	44,251,347 \$	27,595
		-										

SANTA CLARA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

			(11)	(12)	(13)	(14)	44		(16)	<u>(</u> 117)	(18)	(19)
			Total	Healthy	Total	Healthy	Tol			Total	-	Total
Legal			Revenue	Families	Revenue	Families	Net (Net Cost	Net Cost	Net Cost	MAA
Entity			(Excl. HFP)	Revenue	(Excl. HFP)	Revenue	(Exci.		Healthy Families	(Excl. HFP)	Healthy Families	FFP
<u>Number</u>	Legal Entity		INPAT	1 E N T	OUTPA	ATIENT		INPA	TIENT	OUTP	ATIENT	Reimbursement
			(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4	l-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)						Ln 11-13)
00144	Achieve			0 :	\$ 0	\$ 0	\$	0 \$	0			0
00150	Family & Children Services		0 \$	0 :	\$ 0	\$ 0	\$	0 \$	0			6 0
00151	AACI		0 \$	0 :	\$ 0	\$ 0	\$	0 \$	0			0
00153	Catholic Chanties		0 \$	0 :	\$ 0	\$ 0	\$	0 \$	0			0
00154	Chamberlain's	:	0 \$	0 9	\$ 0:	\$ 0	\$	0 \$	0	\$ 759,577	\$ 0 \$	0
00156	Eastfield Ming Quong, Inc.		0 \$	0 :	\$ 0	\$ 0	\$	0 \$	0	\$ 12,312,626	\$ 7,754 \$	0
00157	Hope Rehabilitation Services		0 \$	0 9	\$ 0	\$ 0	\$	0 \$	0	\$ 833,346	\$ 0 \$	0
00158	Indian Health Center		0 \$	0 :	s 0:	\$ 0	\$	0 \$	0	\$ 190,301	\$ 0 \$	0
	Inn Visions		0 \$	0 :	\$ 0	s 0	\$	0 \$	0 :	\$ 121,081	\$ 0 \$. 0
	Mekong Community Center		0 \$	0 9			\$	0 \$	0 :			0
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	Community Solutions		. 0 \$					0 \$	o :			0
	Children's Health Council		0 \$				\$	0 \$	ō :			
	Gardner Family Care Corp		0 \$	0 9		-	\$	0 \$	0			
	Odd-Fellow Rebeka		0 \$	-		•	\$	0 \$	0			
	Alliance for Community Care		0 \$	0 9				0 \$	0 :			
	Grace Baptist	,	0 \$	0 5				0 \$	0 :			
	Starlight Adolescent		0 \$	0 5				0 \$	0 :			
	Eastern European Serv. Agy		0 \$	0 5				0 \$	0 :			
	Oasis Care, Inc.		0 \$	0 5				0 \$	0 :			
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SANTA CLARA COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

	İ	(20)	{21}	(22)	(23)	(24)	(25)	(26)	(27)	(28)
		Neg. Rates	Neg. Rates	Neg. Rates	Neg. Rates					
Legal		Exceed Costs	Exceed Costs	Exceed Costs	Exceed Costs	Total SD/MC	Healthy Families	Total	FFP	Lower of FFP
Entity		(Excl. HFP)	Healthy Families	(Excl. HFP)	Healthy Families	Reimbursement	Reimbursement	Reimbursement	Contract	or Contract
Number	Legal Entity		TIENT		ATIENT	(FFP)	(FFP)	(FFP)	<u>Maximum</u>	Maximum
		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
		Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00144	Achieve S	5 0 5	5 0 5	0 :	5 0	\$ 235,926	\$ 0	\$ 235.926 \$	597,010	235,926
00150	Family & Children Services	5 0 5	5 0 5							
00151	AACI	0 5	5 0 5			\$ 809,488	\$ 8,928	\$ 818,416 \$	1,021,313	
00153	Catholic Charities S	5 0 5	5 0 9	0 :	5 0	\$ 340,483	\$ 0	\$ 340,483 \$	430,812	340,483
00154	Chamberlain's	0 \$	0 9	0 9	0	\$ 406,308	\$ 0	\$ 406,308 \$	422,286	406,308
00156	Eastfield Ming Quong, Inc. S	0 \$	0 9	0 :	0	\$ 6,576,294	\$ 5,040	\$ 6,581,334 \$	8,333,958	6,581,334
00157	Hope Rehabilitation Service \$	0 \$	5 0 5	24,286	0	\$ 438,687	\$ 0	\$ 438,687 \$	551,571	438,687
00158	Indian Health Center	0 \$	0 5			\$ 101.666	\$ 0	\$ 101,666 \$		
00159	Inn Visions	, ,						\$ 60,109 \$		
00160	Mekong Community Center							\$ 173,165 \$		
00163	Ujima \$	0 \$	0 9	165,232	0	\$ 222,923		\$ 222,923 \$	309,824	
00164	Community Solutions 5	0 9	0 5		0			\$ 1,004,468 \$	1,335,490	
00250	Children's Health Council	0 \$	0 9	0 9	0				193,490 \$	120,441
00251	Gardner Family Care Corp. \$	0 \$				\$ 1,741,255			2,464,669	
00255	Odd-Fellow Rebeka \$	0 \$	0 \$,,			1,991,398	
00689	Alliance for Community Care \$	0 \$	0 \$	0 9	0			\$ 5,676,271 \$	9,253,306	5,676,271
00716	Grace Baptist \$	0 \$				\$ 291,824		\$ 291,824 \$	300,000	
00840	Starlight Adolescent \$					\$ 1,692,965		\$ 1,692,965 \$	2,614,956	
00959	Eastern European Serv. Ag: \$					\$ 135,818		\$ 135,818 \$	149,149 \$	
01031	Oasis Care, Inc.	0 \$						\$ 1,081,808 \$	1,461,886	
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0	0 \$	0 \$	0 \$	0 \$	0 :	\$ 0 9	\$ 0 9	\$ 0 \$	0 \$	0
	GRAND TOTAL \$	0	0 \$	213,237 \$	0	23,462,224	\$ 17,936	\$ 23,480,160 \$	32,612,536 \$	23,480,160

SANTA CLARA COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

			A o Cassilad		Audit	A o A suditori
			As Settled	_	Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 1	8) (including contractors)	\$	55,109,218	\$	2,881,797 \$	57,991,015
(2) Total SD/MC Claims	(Adjs 113, 115 & 117)		61,451,702		(1,717)	61,449,985
(3) Percent % (Line 1/Line 2)			0.8968		0.0469	0.9437
(4) EPSDT Claims	(Adjs 114, 116 & 118)		29,829,955		(1,717)	29,828,238
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)			26,751,504		1,397,404	28,148,908
(6) Cost Settled Baseline for EPSDT			9,460,452		0	9,460,452
(7) Net Cost Settlement Amount (Line 5 - Line 6)			17,291,052		1,397,404	18,688,456
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)			8,074,921		652,588	8,727,509
(8a) FY 2001-02 EPSDT Settlement			6,608,623		0	6,608,623
(8b) Annual Local Growth (L. 8 - 8a)			1,466,298		652,588	2,118,886
(9) County Match 10% of Local Growth (8b x 10%)			146,630		65,259	211,889
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 119)		7,928,291		587,329	8,515,620
(11) SGF Distribution (Settled and Audited)	(Adjustments 120 - 122)		7,928,291		(492)	7,927,799
(12) SGF Due County	(Adjustment 123)	\$ <u></u>	0	\$ 	587,821 \$	587,821
						(To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase.
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors) Includes adjustment for additional SGF or Audit Recovery.
- (12) Amount owed back to the state cannot be more than was advanced.

SANTA CLARA COUNTY HEALTH AND HUMAN SERVICES AGENCY MANAGEMENT COMMENTS AND RECOMMENDATIONS FOR FISCAL PERIOD ENDED JUNE 30, 2004

1. COMMENT: EPSDT STATE GENERAL FUND SETTLEMENT

The attached Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows \$587,821 due to the County in State General Funds (Line 12). However, the State General fund appropriation for fiscal year 03-04 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, <u>for three years</u> after the date upon which it first became available for encumbrance. (Emphasis added)

Section 16304.1

" Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose......"

Note: County's response has not been received before this audit was issued.

CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

	Legal Entity: SANTA CLARA COUNTY	Α	В	С
Leg	al Entity Number: 00043	Salaries		Total
		and Benefits	Other_	Costs
1	Mental Health Expenditures	33,082,121	166,183,119	199,265,240
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(71,761,928)	(71,761,928)
4	Other Adjustments from MH 1962	(2,180,704)	(13,496,554)	(15,677,258)
5	Total Costs Before Medi-Cal Adjustments	30,901,417	80,924,637	111,826,054
6	Medi-Cal Adjustments from MH 1961		(15,967,137)	(15,967,137)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			95,858,917
	Administrative Costs (County Only)			
9	SD/MC Administration			13,066,075
10	Healthy Families Administration			0
11	Non-SD/MC Administration			11,498,422
12	Total Administrative Costs			24,564,497
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			715,469
14	Other SD/MC Utilization Review			192,996
15	Non-SD/MC Utilization Review			788,470
16	Total Utilization Review Costs			1,696,935
17	Research and Evaluation (County Only)			
\sqcup				
18	Mode Costs (Direct Service and MAA)			69,597,485
	Tatal Casta Line Officeral 40			05 050 047
19	Total Costs - Lines 9 through 18			95,858,917

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY County Code: 43

	Legal Entity: SANTA CLARA COUNTY	A	В	С
Lε	gal Entity Number: 00043	Salaries		Total
	Per Original Cost Report	and Benefits	Other	Adjustments
1	Reverse prior year claim		(401,469)	(401,469)
2	Adjustment to Obj 7		1,840,311	1,840,311
3	Eliminate the equipment purchased in Obj 4		(122,386)	(122,386)
4	Depreciation of building & equipment		104,272	104,272
5	Misc. revenue offset		(179,430)	(179,430)
6	Year end Audit Adjustment		(11,864,736)	(11,864,736)
7	Adj the year end audit entries related to py		3,763,442	3,763,442
8			(10,590,852)	(10,590,852)
9	Per Audit	_		
10	To adjust the equipment purchased in Obj 4 to			
11	reflect the amount that should have been taken		99,197	99,197
12	To adjust Depreciation of building & equipment to			
13	reflect the allowable amount		(18,431)	(18,431)
14	To adjust Y/E audit entries related to the prior year			
15	to reflect the audited amount		1,402,945	1,402,945
16				
17				
18				
19	-			
20				
21				
22		-		
23	· ·		_	
24				
25				
26				
27				
28		_		
29		 		
30				
31		 	-	
32				
33		 		
34		_ 		
	Total Adicatments		(45 067 107)	(15.067.127)
၂၁၁	Total Adjustments		(1 <u>5,967,1</u> 37)	(15,967,137)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

The decision of the control of the c

	Legal Entity: SANTA CLARA COUNTY	Α	В	С
Le	gal Entity Number: 00043	Salaries		Total
	Per Original Cost Report	and Benefits	Other	Adjustments
1	State Hospital		(4,483,536)	(4,483,536)
2	Highview OBS Facility		290,147	290,147
3	Board and Care Contracts SB 155		(1,505,740)	(1,505,740)
4	State Hospital/IMD Staff	(1,186,219)	(44,514)	(1,230,733)
5_	IMD's		(13,125,755)	(13,12 <u>5,</u> 755)
6	Charter Hospital		(4,617,439)	(4,617,439)
7	Cross System Evaluation	(222,204)	(58,665)	(280,869)
8_	Alcohol & Drug Program	(772,281)	(36,578)	(808,859)
9	Reverse SCVMC est. IP/EPS Cost		(26,003,100)	(26,003,100)
10	To incorporate actual Dir Svc IP/EPS		32,684,002	<u>32,684,002</u>
11	Adj the IP & OP Consolidation to actual claim		(433,005)	(433,005)
12	Per Audit			
13	To adjust IP/EPS costs to agree with the GL		433,853	433,853
14	To adjust Dir Svc IP/EPS to reflect actual expenditures		(99,841)	(99,841)
15	To adjust Board & Care to reflect actual expenditures		75,360	75,360
16	To adjust IMD to reflect actual IMD costs		1,957,877	1,957,877
17	To adjust Charter Hospital to agree with County records		4,278,859	4,278,859
18	To exclude Charter Adult costs per County records		(1,848,004)	(1,848,004)
19	To adjust FFS to reflect the actual claims		42,320	42,320
20	To eliminate I/P consolidation reported on MH 1960		(1,002,795)	(1,002,795)
21	Total Adjustments	(2,180,704)	(13,496,554)	(15,677,258)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

	Legal Entity: SANTA CLARA COUNTY	A
Le	gal Entity Number: 00043	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	69,597,485
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	21,204,905
3	Other 24 Hour Services (Mode 05-All Other SFC)	6,963,499
4	Day Services (Mode 10)	10,536,306
5	Outpatient Services (Mode 15 Program 1 + Program 2)	30,049,902
6	Outreach Services (Mode 45)	114,758
7	Medi-Cal Administrative Activities (Mode 55)	728,115
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	69,597,485

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

NR

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

_	County Code: 43			NR NR	CR				
	Legal Entity: SANTA CLARA COUNTY	Α	В	С	D	E	F	G_	
Le	gal Entity Number: 00043		1	Service	Service	Service	Service	Service	Service
	Mode: 05 - Hospital Inpatient (SFC 10-	19)	Mode Total	Function	Function	Function	Function	Function	Functio
	Allocation Percentage		100.000	10	19		 	 	
1 2	Allocation Percentage Total Units	_ _	100.00%	74.37% 13,109	25.63% 4,517			 	\vdash
<u>-</u>	Gross Cost		21,204,905	15,770,740	5,434,165			 	_
		<u>alettisistettistetti Peteri</u> e	21,204,303			144444444	<u> </u>		arces deb
4	Cost per Unit			1,203.05	1,203.05				
<u>5</u> 6	SMA per Unit Published Charge per Unit			873.40	236.78				
- -	Negotiated Rate / Cost per Unit			1,056.00 873.40	1,056.00 236.78			 	-
<u>,</u>	regulated Nate 7 Cost per Chil	<u>.</u>		**************************************	**********	<u> </u>	errez ioneria,	grand grand	1117777
8	Medi-Cal Units	07/01/03 - 09/30/03		1,118	514				
8A		10/01/03 - 06/30/04		3,300	1,895				├
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		884	41				
9A		10/01/03 - 06/30/04						<u> </u>	
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03						 	
10A	Enhanced SD/MC (Refugees) Units	10/01/03 - 06/30/04							
	Enhanced SD/MC (Relagees) Units	07/01/03 - 06/30/04							
11 11A	Healthy Families (SED) Units	07/01/03 - 09/30/03 10/01/03 - 06/30/04			-			<u> </u>	
11A	Non-Medi-Cal Units	110/01/03 - 00/30/04		7,807	2,067			 	
		<u>paritana aptiva a</u>		teration of except the feet of a	41-1-1-1-1-1-1-1-1-1	and as to the	<u> </u>		de la constante
13	Medi-Cal Costs	07/01/03 - 09/30/03	1,963,373	1,345,006	618,366			ļ	L
13A		10/01/03 - 06/30/04	6,249,829	3,970,054	2,279,775				_
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	1,289,478	976,461	313,017				
14A		10/01/03 - 06/30/04	3,872,028	2,882,220	989,808				
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	1,723,392	1,180,608	542,784			-	
15A		10/01/03 - 06/30/04	5,485,920	3,484,800 976,461	2,001,120 313,017				
16A	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04	1,289,478 3,872,028	2,882,220	989,808				
							<u> </u>	egeterajo, ege <u>terajo</u> , e	· . · . · . · . · . · . · . · . · . · .
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03	1,112,818	1,063,493	49,325				
17A		10/01/03 - 06/30/04							
8	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	772,086	772,086					
18A		10/01/03 - 06/30/04		500 504					
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	976,800	933,504	43,296				
19A		10/01/03 - 06/30/04 07/01/03 - 09/30/03	772,086	772,086					
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04	112,000	112,000					
		a ja linguju juga ja ta ja ja ja ja ja ja ja ja	141414141414141414141	<u> </u>	-1-1-1-1-1 <u>1-1-</u> 1-1-1-1	14121414141414141	<u> </u>		adama <u>n</u> a
21	Enhanced SD/MC (Children) Costs	07/01/03 - 09/30/03				_			
1A		10/01/03 - 06/30/04							
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/03 - 09/30/03							
22A		10/01/03 - 06/30/04							
23	Enhanced SD/MC (Children) Published Charges	07/01/03 - 09/30/03						<u>-</u>	
23A		10/01/03 - 06/30/04	 					 	
4A	Enhanced SD/MC (Children) Negotiated Rates	07/01/03 - 09/30/03 10/01/03 - 06/30/04	<u> </u>						
	<u> </u>			N. 1975	mer garden		garana delejen	ana and Tarana	<u></u>
\rightarrow	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
8	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04			· · · · · · · · · · · · · · · · · · ·		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4-1 - 1-1-1-1-1
9	Hoolthy Earling Costs	07/01/03 - 09/30/03							
9A	Healthy Families Costs	10/01/03 - 06/30/04							
<u> </u>	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
UA	meanity ramilles SIVIA Opper Limits	10/01/03 - 06/30/04							
1	Healthy Families Published Charges	07/01/03 - 09/30/03							
1A		10/01/03 - 06/30/04							
2	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
2A		10/01/03 - 06/30/04		1	1				

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY County Code: 43

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CR

	County Code: 43			CR					
	Legal Entity: SANTA CLARA COUNTY	Α	В	C	D	E	F	G	
Legai	Entity Number: 00043		j	Service	Service	Service	Service	Service	Service
	Mode: 05 - Other 24 Hour Services (Al	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
				50	_				
	llocation Percentage		100.00%	100.00%					
	otal Units		0.000 400	13,986				<u> </u>	
1000	ross Cost		6,963,499	6,963,499			BODONE CONS		
	ost per Unit			497.89					
	MA per Unit								
	ublished Charge per Unit							1	<u> </u>
7 Ne	egotiated Rate / Cost per Unit			497.89	7373737373747474747474		*************		100000000000000000000000000000000000000
8	edi-Cal Units	07/01/03 - 09/30/03							
8A W	edi-Cai Onits	10/01/03 - 06/30/04							
9 M	edicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
9 <u>A</u>		10/01/03 - 06/30/04							ļ
10 Fr	nhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
1 <u>0A</u>		10/01/03 - 06/30/04		_					
	nhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11 He	ealthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04		10.000				 	
12 No	on-Medi-Cal Units	<u> </u>		13,986	<u>*0 *0*2 *0 *0*2 *0 *0</u> *1		 -		n egenetere jegen
13 M	edi-Cal Costs	07/01/03 - 09/30/03							
13A		10/01/03 - 06/30/04							
14 Me	edi-Cal SMA Upper Limits	07/01/03 - 09/30/03							
14A	edi-odi om/t opper zimilis	10/01/03 - 06/30/04							
15 Me	edi-Cal Published Charges	07/01/03 - 09/30/03							
15A		10/01/03 - 06/30/04							
16 Me	edi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A		10/01/03 - 06/30/04			000000000000000000000000000000000000000				
17 M	edicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A] IVIC	egicare/iviedroai crossover costs	10/01/03 - 06/30/04							
18 Me	edicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
18A		10/01/03 - 06/30/04							
19 Me	edicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04							
20 Me	edicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A		10/01/03 - 06/30/04			***************	**************	14141414141414141414141	**************************************	************************************
21 =	hanced SD/MC Costs	07/01/03 - 09/30/03							
21A	indificed obtained coata	10/01/03 - 06/30/04							
22 En	hanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
2A	Service State Specialists	10/01/03 - 06/30/04							
23 En	hanced SD/MC Published Charges	07/01/03 - 09/30/03							
3A		10/01/03 - 06/30/04							
En En	hanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
4A		10/01/03 - 06/30/04	31,1,1,1,1,1,1,1,1,1		3-2-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3-2-1-1-1-1-1-1-1-1-1	
5 En	hanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
6 En	hanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
8 En	hanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
9		07/01/03 - 09/30/03		significación de	1-1-1-1-1-1-1-1-1-1		<u> </u>	0.14141414141414141414141414141414141414	
9A He	ealthy Families Costs	10/01/03 - 06/30/04							
n	-M. F W. Chiari	07/01/03 - 09/30/03		-		-			
OA He	althy Families SMA Upper Limits	10/01/03 - 06/30/04		+					
1	-W- FW- B 15 1 10	07/01/03 - 09/30/03							
1A He	althy Families Published Charges	10/01/03 - 06/30/04							
2	-M- Familia Mandaha I Day	07/01/03 - 09/30/03					_		
ZA He	althy Families Negotiated Rates	10/01/03 - 06/30/04							
100	and the state of t		6.963.499	6,963,499		anner, er en en en	inanagais a	**************	[14.44.44.44.41.4]+ <u>[</u> 4

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

NR

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY
County Code: 43

Г	Legal Entity: SANTA CLARA COUNTY		T A	В	С	D	E	F	G
Le	gal Entity Number: 00043			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function _	Function	Function	Function	Function	Function
<u>_</u>			<u> </u>	20					
1	Allocation Percentage		100.00%	100.00%		↓			<u> </u>
2	Total Units		10.500.000	106,736	<u> </u>			 	
3	Gross Cost		10,536,306	10,536,306	5800000000	10101010101010101010101	100000000000000000000000000000000000000	12200000000	en en el el en en el el el el
4	Cost per Unit			98.71					
5	SMA per Unit		85.68						
6	Published Charge per Unit			98.62					
7	Negotiated Rate / Cost per Unit			85.68	 				
8	Madi Calling	07/01/03 - 09/30/03		7,757					
8A	Medi-Cal Units	10/01/03 - 06/30/04		17,387					
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03		2,356					
9A	intedicare/intedi-Car Clossover Offits	10/01/03 - 06/30/04							
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03		30					
10A		10/01/03 - 06/30/04		73					
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		9					
11	Healthy Families (SED) Units	07/01/03 - 09/30/03							
11A		10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			79,124				<u> </u>	L
13	<u>oran era era era era era era era era era era</u>	07/01/03 - 09/30/03	765,722	765,722	<u> </u>		***************	***************************************	,
13A	Medi-Cal Costs	10/01/03 - 06/30/04	1,716,335	1,716,335					
14	Madi Cal CMA Harrad Parks	07/01/03 - 09/30/03	664,620	664,620				1	
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	1,489,718	1,489,718					
15	Madi Cal Dublished Charres	07/01/03 - 09/30/03	764,995	764,995					
15A	Medi-Cal Published Charges	10/01/03 - 06/30/04	1,714,706	1,714,706					
16	edi-Cal Negotiated Rates	07/01/03 - 09/30/03	664,620	664,620					
16A	Wedi-Cai Negotiated Rates	10/01/03 - 06/30/04	1,489,718	1,489,718					
17	<u> 1919 tahun 1919 tahu</u>	07/01/03 - 09/30/03	232,569	232,569	1-1-,-,-,-,-,-1-1-,-	<u>elelelelele.c.e.e.e.e.</u>	PP construction	francourant circinara	<u> </u>
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	232,309	232,303			-		
18		07/01/03 - 09/30/03	201,862	201,862					
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04	201,002	201,002		_			
19		07/01/03 - 09/30/03	232,349	232,349				 	
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
20		07/01/03 - 09/30/03	201,862	201,862					
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
21	<u>त्त्राची वर्षक विद्यासित वर्षक वर्षक वर्षक वर्षक विद्याल विद्याल</u>	a tata tata ta ta tata ta ta ta ta ta ta	5.004	0.004	<u>terbalasis sessa</u> a	andeneng <u>ar-r</u> eferer	<u> 1819 de la falladada i</u>	0.0000000000000000000000000000000000000	<u> विवर्तनाय सम्बद्धीय</u>
_	Enhanced SD/MC Costs	07/01/03 - 09/30/03	2,961	2,961				 	
21A		10/01/03 - 06/30/04 07/01/03 - 09/30/03	7,206 2,570	7,206 2,570	_		<u> </u>		
22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/03	6,255	6,255					
23		07/01/03 - 09/30/03	2,959	2,959					
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04	7,199	7,199					
24		07/01/03 - 09/30/03	2,570	2,570				_ 	
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04	6,255	6,255				 +	
				1,11,11,11,11,11,11,11	(11	<u></u>	<u> Strangaring (</u>		<u> </u>
	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	888	888					
	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/03 - 06/30/04	771	771					
	Enhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04	888	888					
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04	771	771		ara sedarens	ations because an area	<u> </u>	****************
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A	reality (arrilles Cosis	10/01/03 - 06/30/04							
30	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
30A	ricality Lamilles SWA Opper Limits	10/01/03 - 06/30/04							
31	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		10/01/03 - 06/30/04							
32	Healthy Families Negotiated Rates	07/01/03 - 09/30/03							
32A	reading i arminos regulated reaces	10/01/03 - 06/30/04							
33	Non-Medi-Cal Costs	<u> </u>	7,810,623	7,810,623			<u>, e, ej ej e, e Tatatak</u> a		<u>, ranga kangangan pagala</u>
JJ [1	TOT MICE CE COSC		7,010,023	1,010,023					

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

NR

NR

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

	County Code: 43			NR	NR	NR	NR		
Legal Entity: SANTA CLARA COUNTY			A	В	С	D	E	F	G
Leg	gal Entity Number: 00043			Service	Service	Service	Service	Service	Servi
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function_	Function	Function	Function	Function	Funct
<u></u>			l	01	10	_60	70		1
1_	Allocation Percentage		100.00%	23.61%		22.84%	1.36%		ļ
2	Total Units		00.040.400	3,421,141	5,864,570	1,385,730	102,820		
<u> </u>	Gross Cost	0000000000000000000000	28,840,166	6,808,769	15,052,016	6,585,770	393,611		1000000
4	Cost per Unit			1.99	2.57	4.75	3.83		
5	SMA per Unit			1.83	2.36	4.37	3.52		
6	Published Charge per Unit			2.10	2.71	5.03	4.05		
7_	Negotiated Rate / Cost per Unit			1.83	2.36	4.37	3.52		
8	<u>tura ya ngangangan katabanga tabupan babahan ka na katabangan katabah katabah katabah sa sa sa sa sa sa sa sa</u> Inggan	07/01/03 - 09/30/03		426,013	588,264	119,888	12,057	<u> </u>	10141515.51
8A	Medi-Cal Units	10/01/03 - 06/30/04		1,301,736	1,513,629	358,601	30,508		
9		07/01/03 - 09/30/03		1,001,700	2,864	42,833	30,500		-
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04		763	4,863	39,215			├-
10		07/01/03 - 09/30/03		1,812	4,932	255			
10A	Enhanced SD/MC (Children) Units	10/01/03 - 06/30/04		4,628	13,217	1,418	120		
	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		4,020		7,410	120		
11	Enhanced ODIMIC (Relagees) Onks	07/01/03 - 09/30/03							-
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04					-		-
	Non-Medi-Cal Units	10/01/03 - 00/30/04		1,686,189	3,736,801	823,520	60,135		-
	Monthledge Office The control of the	<u> Paramananga samu</u>				14(4)5(5(5)5(4),	4 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	<u> alas inigeral aping</u>	
13	Medi-Cal Costs	07/01/03 - 09/30/03	2,973,624	847,853	1,509,839	569,775	46,156		
13A		10/01/03 - 06/30/04	8,296,667	2,590,720	3,884,883	1,704,274	116,789		oxdot
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	2,734,258	779,604	1,388,303	523,911	42,441		
14A		10/01/03 - 06/30/04	7,628,816	2,382,177	3,572,164	1,567,086	107,388		
15	Medi-Cal Published Charges	07/01/03 - 09/30/03	3,140,690	894,627	1,594,195	603,037	48,831		
15A	Wedi-Cai Fublistied Charges	10/01/03 - 06/30/04	8,762,901	2,733,646	4,101,935	1,803,763	123,557		
16	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03	2,734,258	779,604	1,388,303	523,911	42,441		
16A	Medi-Cai Negotiated Rates	10/01/03 - 06/30/04	7,628,816	2,382,177	3,572,164	1,567,086	107,388		
17	<u></u>	07/01/03 - 09/30/03	210,917	320200000000		203,567			
17A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04	200,372	1,519	7,351		— ——		<u> </u>
18				1,519	12,481	186,372			-
18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03	193,939	4.000	6,759	187,180			├
		10/01/03 - 06/30/04	184,243	1,396	11,477	171,370			<u> </u>
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03	223,211	4.000	7,761	215,450	+		<u> </u>
	_	10/01/03 - 06/30/04	212,032	1,602	13,179	197,251			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03	193,939	4.000	6,759	187,180			
20A		10/01/03 - 06/30/04	184,243	1,396	11,477	171,370	**********		111212111
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	17,477	3,606	12,658	1,212			
21A		10/01/03 - 06/30/04	50,332	9,211	33,923	6,739	459		
22_	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	16,070	3,316	11,640	1,114			
22A	Titligued Solvic Sixix Opper Litting	10/01/03 - 06/30/04	46,280	8,469	31,192	6,197	422		
23	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03	18,454	3,805	13,366	1,283			
23A		10/01/03 - 06/30/04	53,155	9,719	35,818	7,133	486		
24	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03	16,070	3,316	11,640	1,114			
24A	annanced Spring Negotialed Nates	10/01/03 - 06/30/04	46,280	8,469	31,192	6,197	422		
25	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04			<u> </u>	24)2000000000		or the second	(4,4)4,4,17
		07/01/03 - 06/30/04				-		 -	ļ
						+			
26	-nhanced SD/MC (Refugees) Published Charges	07/01/03 - 06/30/04		i i				 +	
26 27		07/01/03 - 06/30/04			- 1			- 1	
26 27 28	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04			<u> 444444444</u>	<u>:::::::::::::::::::::::::::::::::::::</u>	<u> </u>	141-141-141-141-1	
26 27 28 29	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04 07/01/03 - 09/30/03			<u> </u>				<u></u>
26 27 28 29 29A		07/01/03 - 06/30/04							
26 27 1 28 29 29A	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs	07/01/03 - 06/30/04 07/01/03 - 09/30/03							
26 27 28 29 29A 30	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04							
26 27 28 29 29A 30 30A	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits	07/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03							
26 27 28 29 29 29A 30 30A 31	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits	07/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04							
26 27 28 29 29A 30 30A 31 31A 32	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits Healthy Families Published Charges	07/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03			0.000.000.000		0000000000		
26 27 28 29 29A 30 30A 31 31A	Enhanced SD/MC (Refugees) Negotiated Rates Healthy Families Costs Healthy Families SMA Upper Limits Healthy Families Published Charges	07/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04							

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

County: SANTA CLARA COUNTY

DETAIL COST REPORT

8,865 333,337

3,808

1,264

FISCAL YEAR 2003 - 2004

	County Code: 43		ASO	ASO	MHS	MHS	MHS	MHS	
	Legal Entity: SANTA CLARA COUNTY		A	В _	c	D	E	_ F	G
Le	gal Entity Number: 00043		<u>.</u>	Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 2)		Mode Total	Function	Function	Function	Function	Function	Function
_	I Alle and a Comment of the Comment		100.000	10	60	10	60	11	12
1_	Allocation Percentage Total Units		100.00%	4.58%	0.42%	3.53%	88.40%	0.96%	1.9
2	Gross Cost		4 200 727	87,585	1,830 5,042	23,665	376,220 1,069,351	10,740 11,553	22,1
3	20/20/20/20/20/20/20/20/20/20/20/20/20/2	65% epakenes en en	1,209,737	55,453		42,729			7
4	Cost per Unit			0.63	2.76	1.81	2.84	1.08	1.
5	SMA per Unit			2.36	4.37	2.36	4.37	2.36	2.
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit			· · · · · · · · · · · · · · · · · · ·			*************		F1 + 1 + 1 + 1 + 1 + 1 + 1
8	Mad: 0-111-h-	07/01/03 - 09/30/03			15	5,280	66,440	3,360	4,7
8A	Medi-Cal Units	10/01/03 - 06/30/04		21,750	315	13,295	191,985	3,840	16,1
9	Madisan Madi Cal Cassas I laite	07/01/03 - 09/30/03							
9A	Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03					490		
10A	Enhanced SD/MC Units	10/01/03 - 06/30/04							
10B	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04				180	30		
11	Healthy Families (SED) Haits	07/01/03 - 09/30/03							
11A	Healthy Families (SED) Units	10/01/03 - 06/30/04							
12	Non-Medi-Cal Units			65,835	1,500	4,910	117,275	3,540	1,1
13		07/01/03 - 09/30/03	207,187	<u> </u>	41	9,533	188,846	3,614	5,1
13A	Medi-Cal Costs	10/01/03 - 06/30/04	605,946	13,771	868	24,005	545,690	4,131	17,4
14		07/01/03 - 09/30/03	322,056	13,771	66	12,461	290,343	7,930	11,2
14A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	970,316	51,330	1,377	31,376	838,974	9,062	38,1
15		07/01/03 - 09/30/03	370,310	51,500	1,571	01,010	000,014		
5A	Medi-Cal Published Charges	10/01/03 - 06/30/04					-		
16		07/01/03 - 09/30/03			- (
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04							
7777			<u>10</u> 000-0-0-0	(2)(2)(1)(2)(2)(1)(1)	01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	10000400000	BEEFE LEGISLE	<u></u>	
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03				—— i		+	
17A		10/01/03 - 06/30/04						\longrightarrow	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03		-		_		<u></u>	
18A		10/01/03 - 06/30/04					+		-
19	Medicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A		10/01/03 - 06/30/04	 				——— 		
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
20A	Sanda da arte de la calenda	10/01/03 - 06/30/04	*1*C+2+2+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+1+	14141-1414111111111	-1	teterorial de la comp		e Constant	and deaders?
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03	1,393				1,393		
21A	Elinanced Spirito Costs	10/01/03 - 06/30/04							
22	Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	2,141				2,141		
ZA	Open care	10/01/03 - 06/30/04							
3	Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
ЗА		10/01/03 - 06/30/04							
4	Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
4A		10/01/03 - 06/30/04							
5	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04	410	,,,,,,,,		325	85		<u> </u>
		07/01/03 - 06/30/04	556			425	131		
		07/01/03 - 06/30/04						-	
	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							-
9	<u>สสมสสส (ค.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. </u>				managari.				<u> </u>
	Healthy Families Costs	07/01/03 - 09/30/03							
9A	_	07/01/03 - 06/30/04						\longrightarrow	
0 0A	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
1		07/01/03 - 09/30/03					+		
1A	Healthy Families Published Charges	10/01/03 - 09/30/03			+	+		+	
2		07/01/03 - 08/30/04		-				+	
2A	Healthy Families Negotiated Rates	10/01/03 - 06/30/04						+	
<u></u>		10/01/03 - 00/30/04							.,,,,,,, ,,

394,800

41,682

4,133

33 Non-Medi-Cal Costs

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY County Code: 43

Legal Entity: SANTA CLARA COUNTY		H Service	Service	Consider	K	Caprica	M_	N Service
Legal Entity Number: 00043	Mode: 15 - Outpatient (Program 2)			Service Function	Service Function	Service Function	Service Function	Functi
	<u></u>	Function 13	Function 61	FURCION	Pulicuon	FUNCTION	FullClion	Funcio
1 Allocation Percentage							l	-
2 Total Units								-
3 Gross Cost			1,010 1,518					
4 Cost per Unit	<u> </u>	0.86	1.50					171-1-1-1-1-1-1-1-1
5 SMA per Unit		2.36	4.37				-	
6 Published Charge per Unit		2.55	1.01				 	
7 Negotiated Rate / Cost per Unit								
000 000 000 000 000 000 000 000 000 00	07/01/03 - 09/30/03		222222000000		20122230	E 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		<u> </u>
Medi-Cal Units	10/01/03 - 06/30/04				-			<u> </u>
0	07/01/03 - 09/30/03							
9A Medicare/Medi-Cal Crossover Units	10/01/03 - 06/30/04						-	
10	07/01/03 - 09/30/03			-	-	-		
10A Enhanced SD/MC Units	10/01/03 - 06/30/04							
10B Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11	07/01/03 - 09/30/03							_
Healthy Families (SED) Units	10/01/03 - 06/30/04						l	
12 Non-Medi-Cal Units	1.0.0.00	225	1,010					
12	07/04/02 00/20/22	0.,	लङ्ग्यमचेत्रेच्याः	ere ere ere ere	<u>.</u>	<u>.e., etgeretaren</u>		nnne,
Medi-Cal Costs	07/01/03 - 09/30/03				L			
13A Medi-out 00313	10/01/03 - 06/30/04							
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04							
15 Madi Cal Bublished Charges	07/01/03 - 09/30/03							
15A Medi-Cal Published Charges	10/01/03 - 06/30/04							
16	07/01/03 - 09/30/03		_	-			 	
Medi-Cal Negotiated Rates	10/01/03 - 06/30/04	-						
			************	<u>स्वत्र्यम्</u> यस्य		जनसङ्ख्यासम्		सन्दर्भ स्त्र
17 Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A	10/01/03 - 06/30/04							
18 Medicare/Medi-Cal Crossover SMA Upper Lim	o7/01/03 - 09/30/03							
18A	10/01/03 - 06/30/04							
19 Medicare/Medi-Cal Crossover Published Char	ges 07/01/03 - 09/30/03							
19A	10/01/03 - 06/30/04							
20 Medicare/Medi-Cal Crossover Negotiated Rate	07/01/03 - 09/30/03							
20A Wedicare/Medi-Car Crossover Negotiated Nati	10/01/03 - 06/30/04		******	14.14.14.14.14.14.14.14.14.14.14.14.14.1	-ned-series	4	danata da da bananana	
Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A	10/01/03 - 06/30/04							
Enhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03							
ZZA	10/01/03 - 06/30/04							
Enhanced SD/MC Published Charges	07/01/03 - 09/30/03							
23A	10/01/03 - 06/30/04							
Enhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A	10/01/03 - 06/30/04							
25 Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
26 Enhanced SD/MC (Refugees) SMA Upper Lim								
27 Enhanced SD/MC (Refugees) Published Charg							t	
28 Enhanced SD/MC (Refugees) Negotiated Rate								
	endanastinasinasinasi	11111111111111111	<u> </u>			<u> Tomanica de la composición dela composición de la composición de la composición dela composición dela composición dela composición dela composición de la composición dela composición d</u>	105444444444	<u> </u>
Healthy Families Costs	07/01/03 - 09/30/03							
29A	10/01/03 - 06/30/04							
Healthy Families SMA Upper Limits	07/01/03 - 09/30/03	+				 +		
30A	10/01/03 - 06/30/04							
31 Healthy Families Published Charges	Families Published Charges 07/01/03 - 09/30/03							
22	10/01/03 - 06/30/04 07/01/03 - 09/30/03							
Healthy Families Negotiated Rates	10/01/03 - 06/30/04		_			-		
<u> Paragona de la la composita de la composita </u>	10/01/03 - 00/30/04	0.00.000.000.000	55					7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
3 Non-Medi-Cal Costs		193	1,518	- 1	1		1	

MHS

MHS

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43

CR

	Legal Entity: SANTA CLARA COUNTY	Α	В	С	D	E	F	G
Le	gal Entity Number: 00043		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			10					
1	Allocation Percentage	100.00%	100.00%				_	
2	Total Units							
3	Gross Cost	114,758	114,758					
4	Cost per Unit				<u> </u>			
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs	114,758	114,758					

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CLARA COUNTY

County Code: 43 MAA MAA MAA MAA

Legal Entity: SANTA CLARA COL	JNTY	A	В	С	D	E	F	G
Legal Entity Number: 00043			Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Admin	istrative Activities	Mode Total	Function	Function	Function	Function	Function	Function
			07	14	24			
1 Allocation Percentage		100.00%	1.34%	90.16%	8.49%			
2 Total Units			10,755	536,085	22,290			
3 Total Expenditures		728,115	9,782	656,497	61,836			
4 Cost per Unit			0.91	1.22	2.77			
5 Non-Medi-Cal Costs		342,699						

DEPARTMENT OF MEI

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEA

County: SANTA CLARA COUNTY

County Code: 43

	Legal Entity: SANTA CLARA COUNTY	H	1	J	K	L	M
Le	gal Entity Number: 00043	Service	Service	Service	Service	Service	Service
	Mode: 55 - Medi-Cal Administrative Activities	Function	Function	Function	Function	Function	Function
1	Allocation Percentage						
2	Total Units						
3	Total Expenditures	_					
110000			<u>क्रम्यकृत्यम्बद्धवस्य वि</u> स				वर्गकार्थकार्थकार्थकार्थका
4	Cost per Unit						
5	Non-Medi-Cal Costs						

NTAL HEALTH PAGE 2 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

IR 2003 - 2004

County: SANTA CLARA COUNTY County Code: 43

	Legal Entity: SANTA CLARA COUNTY	N
Le	egal Entity Number: 00043	Service
	Mode: 55 - Medi-Cal Administrative Activities	Function
1	Allocation Percentage	
2	Total Units	
3	Total Expenditures	
4	Cost per Unit	
5	Non-Medi-Cal Costs	

And the state of the state of

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

_	County Code: 43				REIMBUR	SEMENT TYPE	SMA		SMA		<u></u>	Costs	<u></u>
1	Legal Entity. SANTA CLARA COUNTY		Α	В	C	D	E	F	G	Н		J	К
Leg	gal Entity Number: 00043		-				Total	ļ			Total		Total
İ			<u> </u>	Mode 55 S. F.'s 11-19,	1	Total MAA	Inpatient Mode 05-	Mode 05-All	1	Mode 15	Outpatient Exclude	Mode 15	Outpatient (Col. I + Col.
			S. F.'s 01-09	31-39	S. F.'s 21-29		Hospital	Other	Mode 10	Program (1)	Program (2)	Program (2)	(00
1	Medi-Cal Costs	07/01/03 - 09/30/03					1,963,373		765,722	2,973,624	3,739,346	207,187	3,946,5
1A	 	10/01/03 - 06/30/04	100000000000000000000000000000000000000				6,249,829]	1,716,335		10,013,002	605,946	10,618,9
2 2A	Medi-Cal SMA	07/01/03 - 09/30/03 10/01/03 - 06/30/04				 	1,289,478		664,620		3,398,878		3,720,93
2A	 	07/01/03 - 09/30/03	10.000				3,872,028 1,723,392		1,489,718 764,995		9,118,534 3,905,686	970,316	10,088,8
3A	Medi-Cal P. C.	10/01/03 - 06/30/04					5,485,920		1,714,706		10,477,607		10,477,60
4	Medi-Cal N R	07/01/03 - 09/30/03					1,289,478		664,620		3,398,878		3,398,8
4A	Wedi-Cal N. N.	10/01/03 - 06/30/04					3,872,028		1,489,718		9,118,534		9,118,5
5	* FO.10 P.11	07/01/03 - 09/30/03	12 12 12 12 12 12 12 12 12 12 12 12 12 1				1,289,478	201200000000000000000000000000000000000	664,620	1	3,398,878	207,187	3,506,00
5A	Medi-Cal Gross Reimbursement	10/01/03 - 06/30/04					3,872,028		1,489,718		9,118,534	605,946	9,724,4
		07/01/03 - 09/30/03			*****		1.1.1,1.1.1,1.1.1.1.1.1.1.1.1	THE CONTRACTOR	************	10.000	1,1,1,1,1,1,1,1,1,1,1,1,1		1.1.1.1.1.1.1.1.1.1.1.1.1
6A	Medicare/Medi-Cal Crossover Cost	10/01/03 - 06/30/04					1,112,818		232,569	210,917	443,487 200,372		443,4 200,3
7		07/01/03 - 09/30/03					772,086		201,862	193,939	395,801		395,8
7A	Medicare/Medi-Cal Crossover SMA	10/01/03 - 06/30/04					172,000		201,002	184,243	184,243		184,2
8	Medicare/Medi-Cal Crossover P. C.	07/01/03 - 09/30/03					976,800		232,349	223,211	455,560		455,5
8A	Medical e/Medi-Car Clossovel F. C.	10/01/03 - 06/30/04								212,032	212,032		212,0
9	Medicare/Medi-Cal Crossover N. R.	07/01/03 - 09/30/03					772,086		201,862	193,939	395,801		395,8
9A		10/01/03 - 06/30/04					1		******	184,243	184,243		184,2
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 09/30/03					772,086		201,862	193,939	395,801	· · · · · · · · · · · · · · · · · · ·	395,8
10A	medical crinicul-Cal Crossover Gross Reim.	10/01/03 - 06/30/04					1			184,243	184,243		184,2
11		07/01/03 - 09/30/03					2.061.563	FIRST CONTROLS	866,482	411111111111111111111111111111111111111	3,794,679	207,187	4,001,8
11A	Total SD/MC + Crossover Gross Reim.	10/01/03 - 06/30/04					2,061,563 3,872,028		1,489,718	2,928,197 7,813,058	9,302,777	605,946	9,908,7
	and the state of t	*\^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1				0,0.2,020	-141-11-141-141-1		2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		to the term of a to the table
12	Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03	1211211111111111						2,961		20,438	1,393	21,8
12A		10/01/03 - 06/30/04 07/01/03 - 09/30/03	200000000000000000000000000000000000000				1		7,206	50,332	57,538	2,141	57,5
13 13A	Enhanced SD/MC (Children) SMA	10/01/03 - 06/30/04					 		2,570 6,255	16,070 46,280	18,640 52,535	2,141	
14	F-bd SDMC (Obilders) B. C.	07/01/03 - 09/30/03							2,959	18,454	21,412		21,4
14A	Enhanced SD/MC (Children) P. C.	10/01/03 - 06/30/04	a de la constante de la consta				 		7,199	53,155	60,355		60,3
15	Enhanced SD/MC (Children) N. R.	07/01/03 - 09/30/03							2,570		18,640		18,64
15A	Elitation Spring (children) (4. A.	10/01/03 - 06/30/04							6,255	46,280	52,535		52,5
16		07/01/03 - 09/30/03						*,*,*,*,*,*,*,*,*,*,*	2,570	16,070	18,640	1,393	20,03
16A	Enhanced SD/MC (Children) Gross Reim	10/01/03 - 06/30/04					-		6,255	46,280	52,535	1,000	52,53
17	Enhanced SD/MC (Refugees) Cost	07/01/03 - 06/30/04						**************	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	200000000000000000000000000000000000000		410	4.5.5,1,1,1,1,1,1,1
18	Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04	1				 		888 771	-	888 771	556	1,29
19	Enhanced SD/MC (Refugees) P. C.	07/01/03 - 06/30/04							888		888	330	1,32
20	Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04							771		771		77
21	Total Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03					0.004.500	. * . * . * . * . * . * . * . * . * . *	***************	0.044.007	7,7,7,1,,,,,,,,,,,,,	200 500	<u> </u>
21A	(Excludes Refugees)	10/01/03 - 06/30/04	100000000000000000000000000000000000000				2,061,563	_	869,05 <u>2</u> 1,495,973		3,813,319	208,580	4,021,9
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 06/30/04					3,872,028		771		9,355 <u>,312</u> 771	410	9,961,2
-	and a transfer and a transfer and a transfer and a transfer and a transfer and a transfer and a transfer and a				**********					2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			ere transcribe
23	Healthy Families Cost	07/01/03 - 09/30/03											
23A		10/01/03 - 06/30/04 07/01/03 - 09/30/03					— —						_
4A	Healthy Families SMA	10/01/03 - 06/30/04					 						_
5	Hasiliber Familias D. C.	07/01/03 - 09/30/03								 			
25 25A	Healthy Families P. C.	10/01/03 - 06/30/04											_
26	Healthy Families N. R.	07/01/03 - 09/30/03											
26A		10/01/03 - 06/30/04											
27	and the second of the second o	07/01/03 - 09/30/03									<u> </u>		<u> </u>
7A	Healthy Families Gross Reim.	10/01/03 - 06/30/04	100000000000000000000000000000000000000					-					_
	Less: Patient and Other Payor Revenue												
28	SD/MC + Crossover Revenue	07/01/03 - 09/30/03	120000000000000000000000000000000000000				785,802		178,052		178,052		178,05
28A		10/01/03 - 06/30/04											
9	Enhanced SD/MC (Children) Revenue												
0	Enhanced SD/MC (Refugees) Revenue Healthy Families Revenue		10000000000000000000000000000000000000				_						
1		<u> </u>						<u> </u>		200,000,000,000,000		*********	<u></u>
	Total Expenditures from MAA (Mode 55)		9,782	656,497	61,836	728,115							
2	Medi-Cal Eligibility Factor (Average)			52.2	9%								
3	2		Profession (1)										
3	Revenue - MAA				22.226	385,416	1,275,761		691,000	2,944,267	3,635,267	208,580	3,843,84
4	Revenue - MAA	07/01/03 - 09/30/03	9 782	343 299 1			.,.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
33 14 15 15A	Revenue - MAA Net Due - SD/MC for Direct Services	07/01/03 - 09/30/03 10/01/03 - 06/30/04	9,782	343,299	32,336		3.872.028	I	1.495.973 (7.859.339	9.355,312		9,961.25
3 4 5 5A	Revenue - MAA	10/01/03 - 06/30/04	9,782	343,299	32,336		3,872,028	<u> </u>	1,495,973 771	7,859,339	9,355, <u>312</u> 771	605,946 410	9,961,2
33 34 35 35A 36 37	Revenue - MAA Net Due - SD/MC for Direct Services Net Due - Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04	9,782	343,299	32,336		3,872,028		771	7,859,339		605,946	9,961,25
33 34 35 35A 36 37	Revenue - MAA Net Due - SD/MC for Direct Services	10/01/03 - 06/30/04	9,782	343,299	32,336		3,872,028			7,859,339		605,946	9,961,25
33 4 55 5A 6 7 7	Revenue - MAA Net Due - SD/MC for Direct Services Net Due - Enhanced SD/MC (Refugees)	10/01/03 - 06/30/04	9,782	343,299	32,336		3,872,028			7,859,339		605,946	9,961,25
33 4 15 15A 16 17 17A	Revenue - MAA Net Due - SD/MC for Direct Services Net Due - Enhanced SD/MC (Refugees) Net Due - Healthy Families Amount Negotiated Rates Exceed Costs	10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04	9,782	343,299	32,336		3,872,028		1,495,973 771	7,859,339		605,946	9,961, <u>25</u> 1,18
5 5A 6 7 7A	Revenue - MAA Net Due - SD/MC for Direct Services Net Due - Enhanced SD/MC (Refugees) Net Due - Healthy Families Amount Negotiated Rates Exceed Costs SD/MC (Includes Children)	10/01/03 - 06/30/04	9,782	343,299	32,336		3,872,028		1,495,973 771	7,859,339		605,946	9,961, <u>25</u> 1,18
35 35A 36 37 37A	Revenue - MAA Net Due - SD/MC for Direct Services Net Due - Enhanced SD/MC (Refugees) Net Due - Healthy Families Amount Negotiated Rates Exceed Costs	10/01/03 - 06/30/04 107/01/03 - 09/30/03 10/01/03 - 06/30/04 10/01/03 - 09/30/03	9,782	343,299	32,338		3,872,028		1,495,973 771	7,859,339		605,946	9,961,25 1,18

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

County: SANTA CLARA COUNTY County Code: 43

Legal Entity: SANTA CLARA COUNTY	A	В	C	D	E	F	G	Т		J
Legal Entity Number: 00043	Total	Total	Total		50.00%	54.35%	52.95%	Variable %	75.00%	Total
	MAA	Inpatient	Outpatient	Total	FFP	FFP	FFP	FFP	FFP	FFP
SD/MC Administrative Reimbursement (County Only)										
1 County SD/MC Direct Service Gross Reimbursement		5,933,591	13,984,339	19,917,930						
2 Contract Providers Medi-Cal Direct Service Gross Reimbursen	nent	2,005,590	44,251,347	46,256,937						
3 Total Medi-Cal Direct Service Gross Reimbursement				66,174,867						
4 Medi-Cal Administrative Reimbursement Limit				9,926,230						
5 Medi-Cal Administration				13,066,075						
6 Medi-Cal Administrative Reimbursement				9,926,230	4,963,115					4,963,115
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement			1							
7A Contract Providers Healthy Families Direct Service Gross Rein	i. Hillinghilli		27,595	27,595						
7B Total Healthy Families Direct Service Gross Reimbursement				27,595						
8 Healthy Families Administrative Reimbursement Limit				2,760						
9 Healthy Families Administration										
10 Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	9,782			9,782	4,891					4,891
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39	343,299			343,299	171,649					171,649
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only	32,336			32,336					24,252	24,252
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				715,469					536,602	536,602
15 Other SD/MC Utilization Review (County Only)				192,996	96.498				350,002	96,498
TO O DE LA COMPANSIONE DEL COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DEL COMPANSIONE DEL COMPANSIONE DE LA COMPANSIONE DEL COM				agranda and agranda and a						<u> Maragalanining</u>
SD/MC Net Reimbursement for Direct Services 07/01/03 - 09		1,275,761	3,823,815	5,099,576		2,771,620				2,771,620
16A SD/MC Net Reimbursement for Direct Services 10/01/03 - 06		3,872,028	9,908,723	13,780,750			7,296,907	12.021		7,296,907
17		 	20,033 52,535	20,033 52,535				13,021 34,148		13,021
18 Enhanced SD/MC Net Reimb. (Refugees)	730/04	!	1.181	1,181				1,181		34,148
			1,101	1,101				1,101		445,000,000
19 Total SD/MC Reimbursement Before Excess FFP										15,913,884
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/M	C									
21 Total SD/MC Reimbursement (FFP)										15,913,884
22 Contract Limitation Adjustment										
23 Adjusted Total SD/MC Reimbursement (FFP)										15,913,884
Healthy Families Net Reimbursement 07/01/03 - 09	/30/03									
[24A 10/01/03 - 06	/30/04									
25 Total Healthy Families Reimbursement Before Excess FFP										
26 Amount Negotiated Rates Exceed Costs - Healthy Families										
27 Total Healthy Families Reimbursement										

MH1979

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

DEPARTMENT OF MENTAL HEALTH

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2003 - 2004 HOSPITAL ADMINISTRATIVE DAYS MH 1991 (08/04)

FISCAL YEAR 2003 - 2004

COUNTY NAME: SANTA CLARA COU	NTY	LEGAL ENTITY			NAME: SANTA CLARA COUNTY				
COUNTY CODE: 43					NUMBER:	00043			
A	В	С	D	E	F	G	н	1	
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT	
	43301	\$236.38	07/01/03 - 07/31/03	183	\$ 43,258	\$28,345	\$32,867	\$104,470	
SD/MC	43301	\$236.82	08/01/03 - 09/30/03	372	\$ 88,097	\$55,775	\$64,675	\$208,547	
ob/iiio	43301	\$236.82	10/01/03 - 12/31/03	535	\$ 126,699	\$84,119	\$97,542	\$308,360	
	43301	\$236.82	01/01/04 - 06/30/04	1,360	\$ 322,075	\$166,410	\$192,963	\$681,448	
							Sub Total:	\$ 1,302,824	
		\$236.38	07/01/03 - 07/31/03						
Children EMC		\$236.82	08/01/03 - 09/30/03						
		\$236.82	10/01/03 - 12/31/03						
Carl Determinant tensor as a relief clause for control or the conductation at Statistics		\$236.82	01/01/04 - 06/30/04	- Control of the Addition			Sub Total:	1997 124 Co. 1999 N	
建设设置建设设置设置设置设置设置设置设置	Section 1						Sub Total.	<u> Proposition de la constitución /u>	
		\$236.38	07/01/03 - 07/31/03						
Refugees EMC		\$236.82	08/01/03 - 09/30/03		<u> </u>				
		\$236,82	10/01/03 - 12/31/03						
		\$236.82	01/01/04 - 06/30/04			Section for the section of	Sub Total:		
- Manager C. Trail - Test (1995) - 1964 (1996) A - Material C A 12 (1977) (監督 でかりまた) 一覧 通知	200 AREA MENTANCE AND CONTROL OF THE SECOND	\$236,38	07/01/03 - 07/31/03	Contraction Contraction	The transfer of the state of th	manager - I was extra protection and finding out of Table 30, personage,	ne anapore, man manage a man 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	water and manager and manager and a solid to desire and a second	
		\$236.82	08/01/03 - 09/30/03						
Healthy Families		\$236.82	10/01/03 - 12/31/03						
		\$236.82	01/01/04 - 06/30/04						
		\$230.02 	0 110 1104 - 00/30/04		San San San San San San San San San San	4466835550000770	Sub Total;	Winds Flending in	
		-	GRA	ND TOTAL	\$ 580,128	\$ 334,649	\$ 388,047	\$ 1,302,824	

California Health and Human Services Agency

Department of Mental Health

Provide					Provider Number		No. of Adj.				d Ended
	SANTA CLAF		N I Y		00043	\perp	123	-	Jun	e 30,	2004
Adj.	Report Refe Form/ Sch.	erence Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS		As Reported		Increase (Decrease)		As Adjusted
No.	Scn.	Line	C01.			+		-		+	
				ADJUSTMENTS TO REPORTED COSTS	<u> </u>						
1	MH 1960	2	С	ENCUMBRANCES		\$	7,466,698	\$	(7,466,698)	\$	0
				To adjust encumbrances to agree with the County's records and documentation. According to the County staff, these costs were a that have been correctly included in the general ledger after the scost report.	accrual adjustments						
2	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS		\$	(70,544,983)	\$	(1,216,945)	\$	(71,761,928)
				To adjust payments to contract providers to agree with the Count supporting documentation.	y's records and						
3	MH 1960	4	С	OTHER ADJUSTMENTS		\$	(19,514,887)	\$	(99,841)	\$	(19,614,728) *
				To adjust other adjustments to reflect the actual expenditures for by the County's records and supporting documents.	IP/EPS supported						
4	MH 1960	4	С	OTHER ADJUSTMENTS	,	** \$	(19,614,728)	\$	433,853	\$	(19,180,875) *
				To adjust other adjustments to agree with the County's General L IP/EPS expenditures.	edger for						
5	MH 1960	4	С	OTHER ADJUSTMENTS	,	** \$	(19,180,875)	\$	75,360	\$	(19,105,515) *
				To adjust other adjustments to reflect the actual board and care c by the County's records and supporting documents.	osts supported						ı
6	MH 1960	4	С	OTHER ADJUSTMENTS	•	* \$	(19,105,515)	\$	1,957,877	\$	(17,147,638) *
				To adjust other adjustments to account for the actual IMD expend records and supporting documents.	itures per County's						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

configurations of the second s

Provide	r SANTA CLAF	RA COUI	MTY		Provider Number 00043	No. of Adj. 123		Period Ended e 30, 2004
	Report Refe					As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
7	MH 1960	4	С	OTHER ADJUSTMENTS	**	\$ (17,147,638)	\$ 4,278,859	\$ (12,868,779) *
				To adjust other adjustments to reflect the expenditures for the Cha County's records and supporting documents.	arter Hospital per			
8	MH 1960	4	С	OTHER ADJUSTMENTS	**	\$ (12,868,779)	\$ (1,848,004)	\$ (14,716,783) *
				To adjust other adjustments to exclude Charter Adult expenditures the County's records and supporting documents.	s to agree with			
9	MH 1960	4	С	OTHER ADJUSTMENTS	**	\$ (14,716,783)	\$ 42,320	\$ (14,674,463) *
				To adjust other adjustments to increase FFS expenditures to refle claims.	ct the actual			
10	MH 1960	4	С	OTHER ADJUSTMENTS	**	\$ (14,674,463)	\$ (1,002,795)	\$ (15,677,258) *
				To adjust other adjustments to eliminate I/P consolidation costs in on line 7 of the MH 1960 form of the original cost report.	correctly reported			
11	MH 1960	6	С	MEDI-CAL ADJUSTMENTS FROM MH 1961		\$ (17,450,848)	\$ 99,197	\$ (17,351,651) *
				To adjust medi-cal adjustments to account for the actual equipment fiscal year 03-04.	nt purchases for			
12	MH 1960	6	С	MEDI-CAL ADJUSTMENTS FROM MH 1961	**	\$ (17,351,651)	\$ (18,431)	\$ (17,370,082) *
				To adjust medi-cal adjustments to reflect the allowable depreciation equipment.	on for building and			
13	MH 1960	6	С	MEDI-CAL ADJUSTMENTS FROM MH 1961	**	\$ (17,370,082)	\$ 1,402,945	\$ (15,967,137)
				To adjust medi-cal adjustments to reflect allowable prior year costs County's records and supporting documents. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	s based on the			

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Provide	r				Provider Number	No. of Adj.	Fiscal	Period Ended	
	SANTA CLAF	RA COU	YTY		00043	123	June	e 30, 2004	
	Report Refe	erence				As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted	
				ADJUSTMENTS TO REPORTED COSTS	3				
14	MH 1960	7	С	MANAGED CARE CONSOLIDATION		\$ (1,002,795)	\$ 1,002,795	\$ 0	
				To adjust managed care consolidation to eliminate I/P consolidat that was adjusted in other adjustments. See adjustment 9 above			:		
15	MH 1960	8	С	ALLOWABLE COSTS FOR ALLOCATION		\$ 98,218,425	\$ (2,359,508)	\$ 95,858,917	
				To adjust allowable costs for allocation to reflect the effect of adjust hrough 13 above.	ustments 1				
16 17 18 19	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ 14,418,266 \$ 1,676 \$ 11,519,871 \$ 25,939,813	\$ (1,352,191) \$ (1,676) \$ (21,449) \$ (1,375,316)	\$ 13,066,075 \$ 0 \$ 11,498,422 \$ 24,564,497	
				To adjust administrative costs to agree with the County's records documents. The gross cost distribution method was used to allocosts between the above components. This method agrees with	cate the audited				
20 21 22	MH 1960 MH 1960 MH 1960 MH 1960	13 14 15 16	C C C	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ 1,365,085 \$ 184,475 \$ 147,375 \$ 1,696,935	\$ (649,616) \$ 8,521 \$ 641,095 \$ 0	\$ 715,469 \$ 192,996 \$ 788,470 \$ 1,696,935	
				To adjust utilization review costs to agree with the County's recondocuments. The gross cost distribution method was used to alloc costs between the above components. This method agrees with	ate the audited				
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.					

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Provide					Provider Number	No. of Adj.		Period Ended	
	SANTA CLAF	RA COU	VTY		00043	123	June	30, 2004	
	Report Refe	rence				As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	MENTS 	Reported	(Decrease)	Adjusted	
				ADJUSTMENTS TO ALLOCATION OF COST MODES OF SERVICES	<u>s 10</u>				
23 24 25 26 26	MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964 MH 1964	2 3 4 5 6 7 8 9	A A A A A A A	HOSPTIAL INPATIENT SERVICES (MODE 05 - SFC 10-19) OTHER 24 HOUR SERVICES (MODE 05-ALL OTHER SFC) DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM OUTREACH SERVICES (MODE 45) MEDI-CALADMINISTRATIVE ACTIVITIES (MODE 55) SUPPORT SERVICES (MODE 60) TOTAL	vi 2)	\$ 21,354,530 \$ 7,337,767 \$ 10,490,210 \$ 30,556,298 \$ 114,758 \$ 728,115 \$ 0 \$ 70,581,678	\$ (149,625) \$ (374,268) \$ 46,096 \$ (506,396) \$ 0 \$ 0 \$	\$ 21,204,905 \$ 6,963,499 \$ 10,536,306 \$ 30,049,902 \$ 114,758 \$ 728,115 \$ 0 \$ 69,597,485	
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	MH 1966a MH 1966a	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	B C D E F G I B C F D	To accurately reflect expenditures by mode of service to agree w adjustments. ADJUSTMENTS TO REPORTED TOTAL UNITS OF SERVICE/TIME - COUNTY OP SFC 15-01 SFC 15-10 SFC 15-10 SFC 15-70 ASO Provider 15-10 ASO Provider 15-60 MHS Provider 15-60 MHS Provider 15-11 MHS Provider 15-12 MHS Provider 15-61 TOTAL UNITS OF SERVICE/TIME - CONTRACT P Gardner SFC 15-10 Gardner SFC 15-58 Gardner SFC 15-60 To adjust the reported total units of service/time to agree with the records and supporting documents.	ERATED PROVIDER	3,424,296 6,059,233 1,393,545 155,650 74,430 1,515 20,770 366,135 8,940 21,030 915 739,616 2,039,403 63,545 100,468	(3,155) (194,663) (7,815) (52,830) 13,155 315 2,895 10,085 1,800 1,095 95 6,843 14,445 16,170 340	3,421,141 5,864,570 1,385,730 102,820 87,585 1,830 23,665 376,220 10,740 22,125 1,010 746,459 2,053,848 79,715 100,808	
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			<u> </u>		

Provider					Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	SANTA CLAR	A COU	YTY		00043	123	June 3	30, 2004
	Report Refe	rence				As	Increase	As
A d j. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported	(Decrease)	Adjusted
140.	Jul.	Line	OUI.	ADJUSTMENTS TO REPORTED MEDICAL UNITS COUNTY PROVIDERS - PROGRAMS 1 AND				
43 44 45 46 47 48 49 50	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL		1,238,153 3,226,582 48,937 61,001 7,519 18,740 210 0 1,254 4,602,396	7,075 258,215 4 (16,123) 0 1,970 9 0 (1,254) 264,304	1,245,228 * 3,484,797 * 48,941 * 44,878 * 7,519 * 20,710 * 219 * 0 * 4,852,292 *
51 52	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims F dated April 28, 2009 (Excluding disallowed claims of 0 uos/uot). T submitted workpapers to the County which shows the details of the adjustments. Phase II was included. MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the State DMH Approved Claims Report dated April 28, 3 the results of the EPSDT audit findings dated October 19, 2005. T	Report he auditor above ** ** ** ** ** 2009 to incorporate	1,245,228 3,484,797 48,941 44,878 7,519 20,710 219 0 0 4,852,292	0 (332) 0 0 0 0 0 0 0 0 0 0 (332)	1,245,228 * 3,484,465 * 48,941 * 44,878 * 7,519 * 20,710 * 219 * 0 * 4,851,960 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	r SANTA CLAR	RA COU	NTY		Provider Number #REF!	No. of Adj. 123		riod Ended 30, 2004
	Report Refe					As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENIS	Reported	(Decrease)	
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN	TS/TIME ID 2			
53 54 55	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	3 4 	1,245,228 3,484,465 48,941 44,878 7,519 20,710 219 0 4,851,960	(2,635) (7,904) 0 0 0 0 0 0 0 (10,539)	1,242,593 3,476,561 48,941 44,878 7,519 20,710 219 0 4,841,421
				To adjust the SD/MC units of service/time to incorporate the QA/I made by the County.			(4.404)	4 220 442 - *
56 57 58 59 60 61 62 63	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL		1,242,593 3,476,561 48,941 44,878 7,519 20,710 219 0 4,841,421	(4,481) (1,028) 37 (37) 0 (1,262) (9) 0 1,254 (5,526)	1,238,112 * 3,475,533 * 48,978 * 44,841 * 7,519 * 19,448 * 210 * 0 * 1,254 * 4,835,895 *
				To adjust the SD/MC, Enhanced and Healthy Families units of se with the County's records dated october 2008. * Balance carried forward to subsequent adjustment.	ervice/time to agree			

Serial and the series of the analysis in many the series of the months of the series o

Provide	<u></u> г				Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	SANTA CLAF	RA COU	NTY		00043	123	June 3	0, 2004
	Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS	Reported	(Decrease)	Adjusted
110	33.1.		301.	ADJUSTMENTS TO REPORTED MEDICAL UNIT COUNTY PROVIDERS - PROGRAMS 1 AN				
64 65	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	** ** ** ** ** **	1,238,112 3,475,533 48,978 44,841 7,519 19,448 210 0 1,254 4,835,895	0 (332) 0 0 0 0 0 0 0 0 (332)	1,238,112 * 3,475,201 * 48,978 * 44,841 * 7,519 * 19,448 * 210 * 0 * 1,254 * 4,835,563 *
66 67	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	dated October 19, 2005. This audit was conducted by the State D MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the SD/MC units of service/time to incorporate the QA/U made by the County.	MH Oversight Branch.	1,238,112 3,475,201 48,978 44,841 7,519 19,448 210 0 1,254 4,835,563	(2,636) (7,904) 0 0 0 0 0 0 (10,540)	1,235,476 * 3,467,297 * 48,978 * 44,841 * 7,519 * 19,448 * 210 * 0 * 1,254 * 4,825,023 *
				* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.				

Provide	r				Provider Number	No. of Adj.		riod Ended
	SANTA CLAF	RA COU	NTY		00043	123	June 3	30, 2004
	Report Refe	rence		EVEL ANATION OF AUDIT AD HISTR	EXPLANATION OF AUDIT ADJUSTMENTS		Increase (Decrease)	As Adjusted
Adj. No	Form/ Sch.	Line_	Col.	EXPLANATION OF AUDIT AUGUSTIV	Reported	(2 3 3 2 2 4)	•	
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN	TS/TIME ID 2			
69 70 71 72	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	** ** 4 ** ** ** ** ** **	1,235,476 3,467,297 48,978 44,841 7,519 19,448 210 0 1,254 4,825,023	0 7,129 0 0 0 8 9 0 0 7,146	1,235,476 * 3,474,426 * 48,978 * 44,841 * 7,519 * 19,456 * 219 * 0 * 1,254 * 4,832,169
73 74	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to recognize the units of service/time that were through the claims system of the State Department of Mental Heavened closely with the MedCCC unit affiliated with the State Department of Mental Heavened closely with the MedCCC unit affiliated with the State Department of Mental Heavened Constant of the DMH Summary report dated April MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/06 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/06 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the above mentioned units of service/time to incorporat of the lower of DMH approved units vs. the County's records by Sauditor submitted work papers to the County which shows details adjustments.	e recently processed alth. The County partment of Mental Health. 28, 2009. ** ** ** ** ** ** ** ** **	1,235,476 3,474,426 48,978 44,841 7,519 19,456 219 0 1,254 4,832,169	0 0 0 0 0 0 0 0 (1,254) (1,254)	1,235,476 3,474,426 48,978 44,841 7,519 19,456 219 0 4,830,915
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment				

Provide	r				Provider Number	No. of Adj.	Fiscal Po	eriod Ended
	SANTA CLAF	RA COU	NTY		00012	123	June	30, 2004
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
75 76 77 78 79 80 81 82	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	4	4,274,957 11,229,155 1,010 338 32,997 119,306 561 2,008 11,075 15,671,407	20,428 1,167,701 0 46 0 13,354 375 1,341 (2,112) 1,198,625	4,295,385 * 12,396,856 * 1,010 * 384 * 32,997 * 132,660 * 936 * 3,349 * 8,963 * 16,872,540 *
83 84	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims dated April 28, 2009 (Excluding disallowed claims of 4,440 uos/uc submitted workpapers to the County which shows the details of the adjustments. MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the State DMH Approved Claims Report dated April 28, the results of the EPSDT audit findings dated October 19, 2005.	Report ot). The auditor ne above	4,295,385 12,396,856 1,010 384 32,997 132,660 936 3,349 8,963 16,872,540	0 (385) 0 0 0 0 0 0 0 (385)	4,295,385 * 12,396,471 * 1,010 * 384 * 32,997 * 132,660 * 936 * 3,349 * 8,963 * 16,872,155 *
			*	 * Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment. 				

Provide	r SANTA CLAR	A COU	NTY		Provider Number 00043	No. of Adj. 123		riod Ended 30, 2004
	Report Refe	rence		TWO ANATION OF AUDIT AD ILICTA	EVEL ANATION OF AUDIT AD HISTARENTS		Increase (Decrease)	As Adjusted
Adj. No	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN		Reported	(200,000)	
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
85 86 87	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	*** 3 *** 4 *** ** ** ** ** **	4,295,385 12,396,471 1,010 384 32,997 132,660 936 3,349 8,963 16,872,155	(6,898) (20,690) 0 0 0 0 0 0 0 (27,588)	4,288,487 * 12,375,781 * 1,010 * 384 * 32,997 * 132,660 * 936 * 3,349 * 8,963 * 16,844,567
-				To adjust the SD/MC units of service/time to incorporate the QA/I made by the County.				4.274.050
90 91 92 93	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	4 ** ** ** ** ** ** **	4,288,487 12,375,781 1,010 384 32,997 132,660 936 3,349 8,963 16,844,567	(13,531) 24,384 0 0 0 (358) 0 (1,341) (8) 9,146	4,274,956 * 12,400,165 * 1,010 * 384 * 32,997 * 132,302 * 936 * 2,008 * 8,955 * 16,853,713 *
				To adjust the SD/MC, Enhanced and Healthy Families units of se with the County's records dated october 2008. * Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.	nvice/ume to agree		·	

Provider	SANTA CLAF	RA COU	NTY		Provider Number 00043	No. of Adj. 123		riod Ended 0, 2004
	Report Refe	erence			EVEL ANATION OF AUDIT AD HIGHARNITE		Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENIS	Reported	(Decircase)	, tajastea
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	<u>TS/TIME</u>			
94 95 96	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	** ** 4 ** ** ** ** ** **	4,274,956 12,400,165 1,010 384 32,997 132,302 936 2,008 8,955 16,853,713	0 (4,440) 0 0 0 (70) 0 0 (4,510)	4,274,956 * 12,395,725 * 1,010 * 384 * 32,997 * 132,232 * 936 * 2,008 * 8,955 * 16,849,203 *
97 98	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the County's records to account for the units of services. County entered into the Disallowed Claims System (DCS). These removed since they are still included in the County's records. MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/06 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the County's records to incorporate the results of the Edated October 19, 2005. This audit was conducted by the State 10.	e units must be ** ** ** ** ** ** ** ** **	4,274,956 12,395,725 1,010 384 32,997 132,232 936 2,008 8,955 16,849,203	0 (385) 0 0 0 0 0 0 0 0 (385)	4,274,956 * 12,395,340 * 1,010 * 384 * 32,997 * 132,232 * 936 * 2,008 * 8,955 * 16,848,818 *
		l		* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.	Fiscal Po	eriod Ended
	SANTA CLAR	A COU	NTY		00043	123	June	30, 2004
	Report Reference					As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN				
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	<u>TS/TIME</u>			
99 100	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the SD/MC units of service/time to incorporate the QA/0	4 *** ** ** ** **	4,274,956 12,395,340 1,010 384 32,997 132,232 936 2,008 8,955 16,848,818	(6,904) (20,693) 0 0 0 0 0 0 0 0 0 (27,597)	4,268,052 * 12,374,647 * 1,010 * 384 * 32,997 * 132,232 * 936 * 2,008 * 8,955 * 16,821,221 *
	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	made by the County. MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the above mentioned settled units of service/time for the Company of the Company of the State Department of Mental Heaven of the Company of the State Department of Mental Heaven of Company of the Company of the State Department of Mental Heaven of Company of the Company of the State Department of Mental Heaven of Company of the Company of the State Department of Mental Heaven of Company of the Company of the State Department of Mental Heaven of Company of the Company of the State Department of Mental Heaven of Company of the Company of the Company of the State Department of Mental Heaven of Company of the Company of	e County e recently processed alth. The County partment of Mental Health.	4,268,052 12,374,647 1,010 384 32,997 132,232 936 2,008 8,955 16,821,221	0 0 0 0 0 0 0	4,268,052 * 12,374,647 * 1,010 * 384 * 32,997 * 132,232 * 936 * 2,008 * 8,955 * 16,821,221 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

The state of the s

Provide	 г				Provider Number	No. of Adj.	Fiscal	Period Ended
	SANTA CLAF	RA COU	NTY	00043		123	Jun	e 30, 2004
Report Reference						As	Increase	As
Adj. No	· 1			EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			
102 103 104 105	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/04 TOTAL		4,268,052 12,374,647 1,010 384 32,997 132,232 936 2,008 8,955 16,821,221	1 (71) 0 0 0 0 0 0 0 0 0 (9) (79)	4,268,053 12,374,576 1,010 384 32,997 132,232 936 2,008 8,946 16,821,142
				To adjust the above mentioned units of service/time to incorporat of the lower of DMH approved units vs. the County's records by S auditor submitted work papers to the County which shows details adjustments. ADJUSTMENTS TO PATIENT AND OTHER PAREVENUES - COUNTY OPERATED	FC. The of the above			
106 107	MH 1968 MH 1968	28A 28A	В	SD/MC AND CROSSOVER REVENUES 10/01/03 - 06/30/04 SD/MC AND CROSSOVER REVENUES 10/01/03 - 06/30/04 To adjust SD/MC and Crossover revenues to agree with the Courrecords and supporting documents.	CRISIS STABALIZATION	\$ 1,944,060 \$ 534,155	\$ (1,944,060) \$ (534,155)	\$ 0 \$ 0
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj. 123	1	Fiscal Period Ended			
SANTA CLARA COUNTY					00043		June 30, 2004				
Report Reference Adj. Form/				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported	Increase (Decrease)	As Adjusted			
No.	Sch.	Line	Col.	ADJUSTMENTS TO REPORTED SD/MC SETTL COUNTY PROVIDERS							
108 109	MH 1979 MH 1979	23 27) J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC) TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - COUNTY PROVIDERS		\$ 17,078,441 \$ 2,822 \$ 17,081,263	\$ (1,164,557) \$ (2,822) \$ (1,167,379)	\$ 15,913,884 \$ 0 \$ 15,913,884			
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familia to adjustments to costs and units of service/time.	adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) due adjustments to costs and units of service/time.						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

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Provider					Provider Number	No. of Adj.	1	Period Ended
SANTA CLARA COUNTY			YTY		00043		June	30, 2004
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	UDIT ADJUSTMENTS		(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTL CONTRACT PROVIDERS	<u>EMENT</u>			
110 111	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SE TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - CONTRACT PROVIDERS		\$ 21,919,603 \$ 21,266 \$ 21,940,869	\$ 1,542,621 \$ (3,330) \$ 1,539,291	\$ 23,462,224 \$ 17,936 \$ 23,480,160
				To adjust the SD/MC (FFP) and Healthy Families (FFP) due to act to revenues and units of service/time.	ljustments			
				Achieve Family & Children Services AACI Catholic Charities Chamberlain's Eastfield Ming Quong, Inc. Hope Rehabilitation Services Indian Health Center Inn Visions Mekong Community Center Ujima Community Solutions Children's Health Council Gardner Family Care Corp. Odd-Fellow Rebeka Alliance for Community Care Grace Baptist Starlight Adolescent Eastern European Serv. Agy Oasis Care, Inc.	00144 00150 00151 00153 00154 00156 00157 00158 00159 00160 00163 00164 00250 00251 00255 00689 00716 00840 00959 01031	\$ 233,468 422,927 793,878 336,595 398,561 6,257,716 427,281 101,150 58,064 168,809 214,788 931,473 117,427 1,655,650 1,844,296 5,012,381 261,109 1,674,475 137,262 893,559 \$ 21,940,869	\$ 2,458 19,714 24,538 3,888 7,747 323,618 11,406 516 2,045 4,356 8,135 72,995 3,014 85,826 69,135 663,890 30,715 18,490 (1,444) 188,249 \$ 1,539,291	\$ 235,926 442,641 818,416 340,483 406,308 6,581,334 438,687 101,666 60,109 173,165 222,923 1,004,468 120,441 1,741,476 1,913,431 5,676,271 291,824 1,692,965 135,818 1,081,808 \$ 23,480,160
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

California Health and Human Services Agency

Department of Mental Health

AUDIT ADJUSTMENTS

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Provider		DA 00111	NITY		Provider Number		No. of Adj.	Fiscal Period Ended June 30, 2004			
	SANTA CLARA COUNTY Report Reference		NIY		00043		123 As				2004 As
Adj.	Adj. Form/			EXPLANATION OF AUDIT ADJUSTMENTS			As Reported		Increase (Decrease)		Adjusted
No.	Sch.	Line	Col.			1				-	
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERA	AL FUNDS						
112	SCH 4	1	3	SD/MC ACTUALS		\$	55,109,218	\$	2,881,797	\$	57,991,015
1				To adjust SD/MC actuals as a result of adjustments to total computable as reflected in the MH 1979 forms for both the County Program and its providers. The amounts utilized for this purpose was SD/MC and Enh Outpatient services only.	s contract						
113 114	· · ·			TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$ \$	61,451,702 29,829,955	\$ \$	(18,078) (18,078)	\$ \$	61,433,624 29,811,877
				To adjust total SD/MC claims and EPSDT claims to include the results audit of the EPSDT Program conducted by the State Department of M reflected in the report dated October 19, 2005. The Report covered th April 1, 2004 through June 30, 2004. This represents the original reco	ental Health as ne period from						
115 116	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	\$	61,433,624 29,811,877	\$ \$	18,078 18,078	\$ \$	61,451,702 29,829,955
				To adjust total SD/MC claims and EPSDT claims to reverse the original included in adjustments 113 and 114 above. The revised findings affections and EPSDT Claims" will be taken in adjustments 117 and 118	ecting "Total SD/MC						
117 118	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	** **	\$ \$	61,451,702 29,829,955	\$ \$	(1,717) (1,717)	\$ \$	61,449,985 29,828,238
				To adjust total SD/MC claims and EPSDT claims to include the results revised audit of the EPSDT Program conducted by the State Department as reflected in the report dated October 19, 2005. The Report covered April 1, 2004 through June 30, 2004. This represents the revised reco	ent of Mental Health I the period from						
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

California Health and Human Services Agency

Department of Mental Health

AUDIT ADJUSTMENTS

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Provide	Provider Provider Number SANTA CLARA COUNTY 00043			No. of Adj. 123				Period Ended 30, 2004		
	Report Reference					As		Increase		As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS	Reported		(Decrease)		Adjusted
				ADJUSTMENTS TO AS SETTLED EPSDT STATE GENE	RAL FUNDS					
119	SCH 4	10	3	NET COST SETTLEMENT AMOUNT		\$ 7,928,291	\$	587,329	\$	8,515,620
				To adjust net cost settlement amount as a result of adjustments to (Total Computable Medical), total SD/MC claims and EPSDT claim						
120	SCH 4	11	3	3 STATE GENERAL FUND DISTRIBUTION		\$ 7,928,291	\$	(6,344)	\$	7,921,947 *
				To adjust State General Fund Distribution to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated October 19, 2005. The Report covered the period from April 1, 2004 through June 30, 2004. This represents the SGF original recoupment.						
121	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$ 7,921,947	\$	6,344	\$	7,928,291 *
				To adjust State General Fund Distribution to reverse the original So included in adjustment 120 above. The revised findings affecting "Solution" will be taken in adjustments 122 below.						
122	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$ 7,928,291	\$	(492)	\$	7,927,799
				To adjust the State General Fund Distribution to reflect the results of findings included in the final report dated October 19, 2005.	of the revised EPSDT					
123	SCH 4	11	3	STATE GENERAL FUNDS DUE COUNTY		\$ 0	\$	587,821	\$	587,821
				To adjust state general funds due County to incorporate the results through 122 above.	of adjustments 112					
				* Balance carried forward to subsequent adjustment.						
				** Balance brought forward from prior adjustment.						